

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Reznichenko, Yakov

Att'y Docket: 2550/118

Serial No.: 10/047,566

Art Unit: 2872

Filed: January 15, 2002

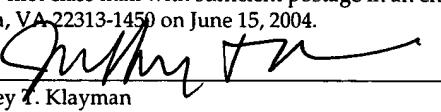
Examiner: Robinson, M.

Title: OPTICAL SWITCHING SYSTEM AND APPARATUS  
WITH INTEGRAL COVERING LENS

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CERTIFICATE OF MAILING

I hereby certify that this document, along with any other papers referred to as being attached or enclosed, is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 15, 2004.

  
\_\_\_\_\_  
Jeffrey T. Klayman

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

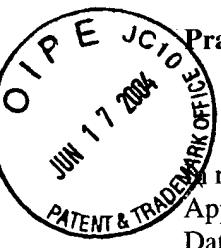
**RESPONSE TO OFFICE ACTION**

Dear Sir:

In response to the Office action of April 16, 2004, please amend the above-referenced patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



Practitioner's Docket No. 2550/118

Corres. and Mail

IFW  
Af/2872

**BOX AF**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Yakov Reznichenko

Application No.: 10/047,566

Date Filed: 01/15/2002

For: Optical Switching System and Apparatus with Integral Covering Lens

Group No.: 2872

Examiner: Robinson, Mark

**RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
2872**

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

- Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

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**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

*(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)*

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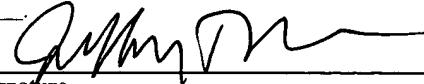
**37 C.F.R. § 1.8(a)**  
 with sufficient postage as first class mail.

**37 C.F.R. § 1.10\***

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**TRANSMISSION**

facsimile transmitted to the Patent and Trademark Office, (703) \_\_\_\_\_

  
Signature

Date: June 15, 2004

Jeffrey T. Klayman

(type or print name of person certifying)

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)		OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit Fee
Total	15	Minus	20	= 0	x \$18 =	\$0
Indep	2	Minus	3	= 0	x \$86 =	\$0
First Presentation of Multiple Dependent Claim				+ \$290 =	\$0	
				Total Addit. Fee	\$0	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

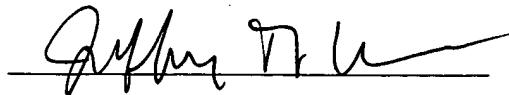
## FEE DEFICIENCY

5.

If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: June 15, 2004



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